

STATE REGISTER

STATE OF MINNESOTA

RULES

PROPOSED RULES

STATE CONTRACTS

OFFICIAL NOTICES

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STATE REGISTER

Printing Schedule for Agencies

Issue Number	*Submission deadline for Executive Orders, Adopted Rules and Proposed Rules	*Submission deadline for State Contract Notices and other **Official Notices.	Issue Date
SCHEDULE FOR VOLUME 3			
7	Monday Aug 7	Monday Aug 14	Monday Aug 21
8	Monday Aug 14	Monday Aug 21	Monday Aug 28
9	Monday Aug 21	Monday Aug 28	Monday Sept 4
10	Monday Aug 28	Friday Sept 1	Monday Sept 11
11	Friday Sept 1	Monday Sept 11	Monday Sept 18

*Deadline extensions may be possible, at the editor's discretion; however, none will be made beyond the second Wednesday (12 calendar days) preceding the issue date for rules, proposed rules and executive orders, or beyond the Wednesday (5 calendar days) preceding the issue date for official notices. Requests for deadline extensions should be made only in valid emergency situations.

**Notices of Public Hearings on proposed rules are published in the Proposed Rules section and must be submitted two weeks prior to the issue date.

Instructions for submission of documents may be obtained from the Office of the State Register, Suite 415, Hamm Building, 408 St. Peter Street, St. Paul, Minnesota 55102.

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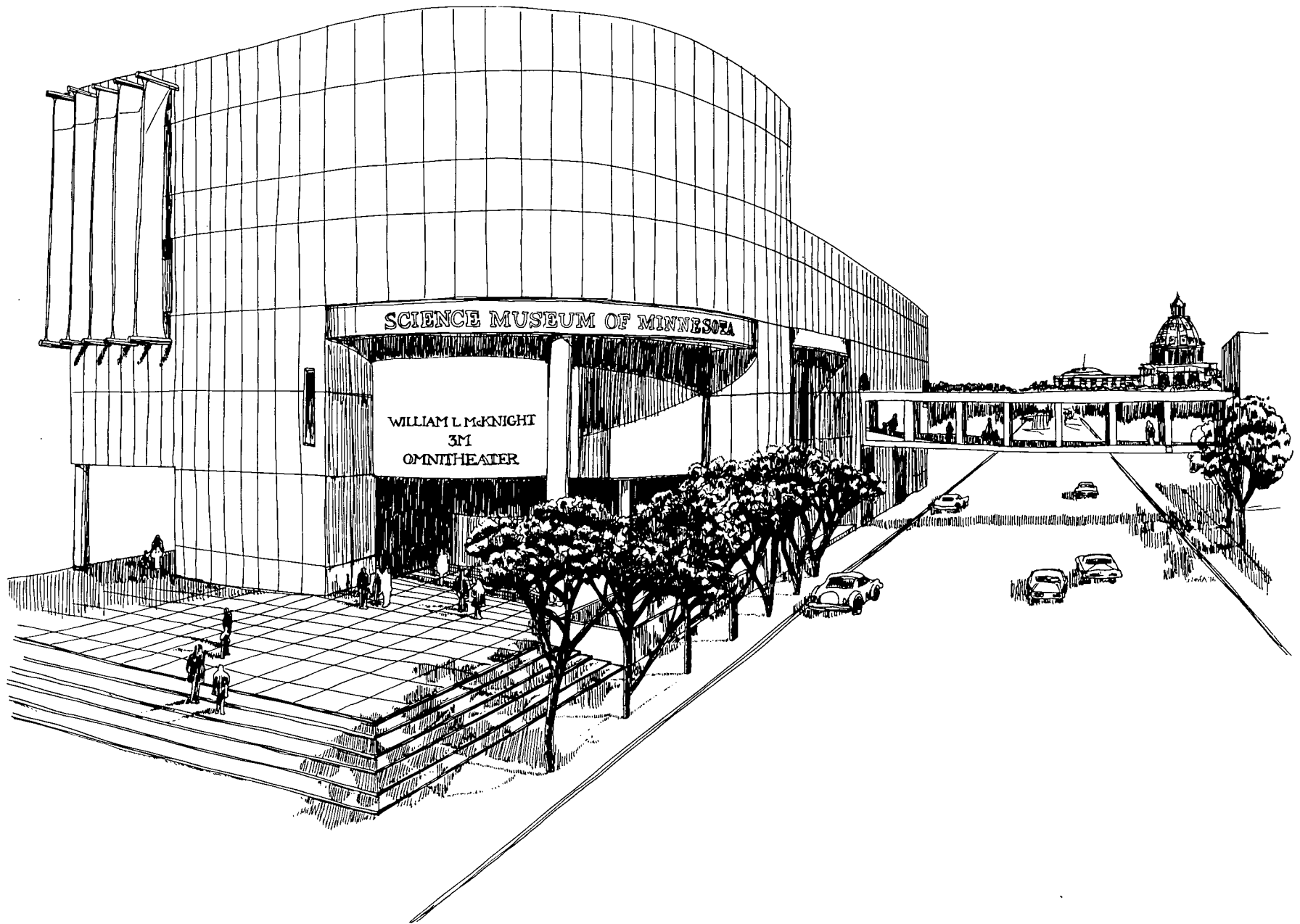
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THE NEW SCIENCE MUSEUM OF MINNESOTA — The Minnesota State Capitol forms a backdrop for the new 90,000 square-foot Science Museum of Minnesota, which will open to the public September 19, 1978. The new building is connected by skyway to the present facility at 30 E. 10th Street, St. Paul, Minnesota.

MCAR AMENDMENTS AND ADDITIONS

The following is a listing of all proposed and adopted rules published in this issue of the *State Register*. The listing is arranged in the same order as the table of contents of the *Minnesota Code of Agency Rules* (MCAR). All adopted rules published in the *State Register* and listed below amend the rules contained in the MCAR set. Both proposed temporary and adopted temporary rules are listed here although they are not printed in the MCAR due to the short term nature of their legal effectiveness. During the term of their legal effectiveness, however, adopted temporary rules do amend the MCAR. A cumulative listing of all proposed and adopted rules in Volume 3 of the *State Register* will be published on a quarterly basis and at the end of the volume year.

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Part 2 Secretary of State

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TITLE 12 SOCIAL SERVICE

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Support Services Bureau

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The Burbank-Livingston-Griggs House at 432 Summit Ave., St. Paul, was built in 1863 by stagecoach baron James C. Burbank. Subsequent owners were George R. Finch, Thomas F. Oakes, and railroad builder Crawford Livingston. Livingston's daughter, Mrs. Theodore Wright Griggs, remodeled and refurnished the mansion in the 1930s. Her daughter, Mrs. Jackson Burke, donated it to the Minnesota Historical Society in 1968. Open year round, the house is an American Victorian version of an Italian villa. (Drawing by Ron Hunt reprinted, with permission, from *A Living Past: 15 Historic Places in Minnesota*, copyright 1973, 1978 by the Minnesota Historical Society.)

The adoption of a rule becomes effective after the requirements of Minn. Stat. § 15.0412, subd. 4, have been met and five working days after the rule is published in the *State Register*, unless a later date is required by statutes or specified in the rule.

If an adopted rule is identical to its proposed form as previously published, a notice of adoption as proposed and a citation to its previous *State Register* publication will be printed.

If an adopted rule differs from its proposed form, language which has been deleted will be printed with strike outs and new language will be underlined, and the rule's previous *State Register* publication will be cited.

A temporary rule becomes effective upon the approval of the Attorney General as specified in Minn. Stat. § 15.0412, subd. 5. Notice of his decision will be published as soon as practicable, and the adopted temporary rule will be published in the manner provided for adopted rules under subd. 4.

Department of Public Welfare Support Services Bureau Adopted Rule Governing Welfare Per Diem Rates for Nursing Home Providers

The proposed rule published at *State Register*, Volume 2, Number 11, pp. 617-633, September 19, 1977 (2 S.R. 617), is adopted and is identical to its proposed form with the following amendments:

Rule as Adopted

DPW 49 Regulations for determining welfare per diem rates for nursing home providers under the Title XIX medical assistance program.

B-4.b. Maximum rate. Notwithstanding any other section

of the rule which establishes allowable costs, welfare rates for each level of care in individual facilities will be subject to separate overall limitations on the cost for items which directly relate to the provision of patient care to residents of nursing homes and those which do not directly relate to the provision of care. The initial overall limitations will be calculated on the basis of 125 per cent of regional average costs plus known cost limitations and flat rates under B.3.e. Cost of depreciation, real estate taxes, investment or capital allowance, interest, rent, and those costs reported as general administration on rule 49 cost reports shall be included in the maximum relative to indirect costs. All other items are included in the direct care maximum calculations.

Separate rate limits will be calculated for regions 11 and 3 as if they were one region and for all other regions as if they were one region. Regions will be those areas designated by the Governor for regional planning and economic-development purposes. The regional averages will be calculated separately for proprietary, non-proprietary and hospital-attached facilities except the regional average cost for hospital-attached facilities shall be included in the regional average calculation for non-proprietary free-standing facilities. The maximum rate limitations will be adjusted effective January 1 of each year as determined by the Commissioner using all available information from reports that indicate a fiscal year end during a calendar year and will be applied to rates that become effective during the second succeeding calendar year.

Facilities which have a non-calendar year-end and have been previously subject to the maximum rates may adjust rates to the new maximum rates upon computation of new maximum rates each year, if justified by cost reports previously filed. This provision of the rule is effective for rates paid on the first day of the month following adoption of the provision.

B.4.b. Maximum rate. Individual welfare rates will be subject to a maximum of 125 per cent of regional average costs plus known cost changes exclusive of this limitation and flat rates under B.3.e. Regions will be those areas designated by the governor for regional planning and economic-development purposes. Regions may be combined when deemed appropriate by the commissioner as announced through policy bulletins. The regional averages will be calculated separately for proprietary, non-proprietary and hospital-attached facilities except the regional average costs for hospital-attached facilities shall be included in the regional average calculation for non-proprietary free-standing facilities. The maximum-rate limitations will be adjusted annually through policy bulletins.

The regional averages will be determined by the Commissioner, using all available information from reports that indicate a fiscal-year end during a calendar year and will be applied to rates that become effective during the second succeeding calendar year. Facilities that have a non-calendar-year end and have been previously subject to the maximum rates may adjust the rates to the new maximum rates if previously justified by the reports.

B.5.e. Effective date of resolved disputes: If the dispute is related to a charge in the provider's rate when determined according to desk audit and rate notification of section B.2.b., the new per-diem rate with retroactive adjustment for the prior issuance of a temporary rate of section B.2.b. or the interim rate of section C.1.e. will be effected prior to final determination according to these appeal procedures. If the dispute is related to a change in the provider's rate(s) as the result of field audit according to sections B.2.e. and C.1.g. or as the result of a lack of implementation of known cost changes according to section B.1.e.(2), the total dollar amount due the program or the provider resulting from the resolution of the appeal will be subject to the payment provision of section B.2.e.

B.5.c. Effective date of resolved disputes. If the dispute is related to a change in the provider's rate, the new per-diem rate will prevail until final determination according to these appeal procedures is made. The total dollar amount due the provider or the Department resulting from the resolved disputes will be subject to payment provision of B.2.c.

C.1.a.(8) Required reports will include audited balance sheet and statement of revenues and expenses. This provision of the rule is effective for the cost reporting period ending on the last day of the month during which this provision of the rule is adopted.

D.3.d.(16)(b) Salary of a lobbyist. The salary of an individual in the employ of a facility shall be allowed for lobbying activities as defined in § 10A.01, subd. 11 only if the lobbying activity is incidental to the individual's job functions and if such lobbying directly relates to the licensed and certified functions of the facility.

D.3.d.(16)(e) Legal fees for unsuccessful challenges to decisions by state agencies.

D.3.d.(16)(e) Legal fees: Fees incurred in unsuccessful legal challenges where a government agency is a party to the

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suit are not directly related to patient care and will not be allowed. A legal action is unsuccessful to the extent that the nursing home does not demonstrate it clearly prevailed on the issues litigated. Legal challenges include, but are not limited to, appeals regarding rates, licensure, and certification at all levels as well as direct court challenges.

D.3.d.(16)(f) Association dues. Association dues are allowable only if they directly relate to patient care. For purposes of this section, directly related to patient care means activity which the nursing home clearly demonstrates is a necessary part of the licensed or certified function of the nursing home or directly leads to improved quality of care or improved administrative operations.

Each association for which dues are claimed as an allowable cost must file annually with the department a statement summarizing its activities, its revenues generated by dues and its expenditures of funds received from dues payments. The percentage (up to 100%) of dues revenue which the association expends for direct care purposes as defined above will be allowed during the next year. The statement must be filed within 30 days of the end of the association's fiscal year except that in order for dues to be allowable effective September 1, 1977 each association must file such a statement by October 1, 1977 covering its most recently completed fiscal year. ~~No expenditures by an association which would be unallowable for rate setting purposes will be considered directly related to patient care.~~ This provision of the rule is effective for rates paid on September 1, 1977.

D.6.a.(6) Interest expense for a proprietary nursing home will be allowable on capital indebtedness ~~which has a to the extent that the rate of interest in excess exceeds of nine percent, but no more than twelve percent, if the indebtedness relates directly to the purchase of the facility nursing home or to working capital for the operation of the facility nursing home and if the rate of interest does not exceed a rate which a prudent and cost-conscious borrower could incur in an arms-length transaction.~~

D.6.b.(1) Proprietary homes where cost reports are received after January 1, 1977 shall receive an investment allowance of nine percent of the original value of the facility for depreciation purposes of section D.4.b.(1) plus one percent of the nine percent for each year of ownership not to exceed 11.25 percent of the original facility value. Non-proprietary homes shall receive effective July 1, 1977 an investment allowance of two percent of the original facility value plus one percent of the two percent for each year of ownership not to exceed 2.5 percent of the original facility value. Where additional beds are added to an existing bed complement according to section D.4.a.(2)(b), a separate computation for the ownership incentive will be required either for the additional beds with ownership years accruing

from the date of licensure of these new beds or for the additional investment in fixed assets with ownership years accruing from the date of the change in ownership. The ownership incentive is effective for rates paid on August 1, 1977.

D.6.b.(1) Determination of allowance. Proprietary homes where cost reports are received after January 1, 1977, shall receive an investment allowance of nine percent of the original value of the facility for depreciation purposes. For each year after the year in which the nursing home was originally purchased in which there is no transfer of ownership of a nursing home, the investment allowance shall be increased by one percent of the original investment allowance, but the increases shall be limited to a maximum of 25 percent of the original investment allowance effective for rates paid on August 1, 1977.

D.6.b.(2)(a) Facility means the nursing home building and all permanent fixtures attached to it. Fixtures mean property which is actually attached to the building so as to constitute a part thereof. Facility does not include the land or any supplies and equipment which are not fixtures.

~~D.8.a. Capacity limitation. The allowable cost amount per patient day for depreciation, interest, property taxes, administration and investment allowance will be calculated by dividing such allowable cost by 93 percent of total capacity patient days for licensed beds or actual patient days, whichever is greater. Facilities qualifying for the special care rate of C.3.e.(2) may adjust the capacity limitation by the same formula. The capacity limitation cannot be reduced below 90 percent of total capacity days for licensed beds. This provision of the rule is effective for rates paid on the first day of the month following adoption of the provision.~~

D.8.a. Capacity limitation. The allowable cost amount per patient day depreciation, interest, property taxes, administration and earnings allowance will be calculated by dividing such allowable costs by 93 percent of total capacity patient days for licensed beds. Facilities qualifying for the special care rate of C.3.c.(2) may adjust the capacity limitation by the same formula. The capacity limitation cannot be reduced below 90 percent of total capacity patient days for licensed beds.

D.8.d.(3) Skilled care facilities which have a patient population with an average length of stay of 180 days or less may be granted an annual waiver by the Commissioner of this capacity calculation and be allowed a rate based on actual patient days. The average length of stay is determined by dividing the total discharge patient days for all years by the total discharges for the historical fiscal year. This provision of the rule is effective for the cost reporting period ending on the last day of the month during which this provision of the rule is adopted.

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D.8.d.(3) Skilled care facilities which have a patient population with an annual average length of stay of 180 days or less may be granted an annual waiver by the commissioner of this capacity calculation and be allowed a rate based on actual patient days. The average length of stay is determined by dividing the actual patient days for the historical fiscal year by the total discharges for the historical fiscal year.

and DES. The reimbursement formulae, referred to in B. 7., above, shall be used to determine the amounts, if any, to be diverted to WEP.

C. Definitions.

17. Employability Services: Employment and training services provided by the WEP Center to improve the work skills of a participant and aid him/her to find employment.

23. Hearing Officer: The hearing officer designated by DES to hear and ~~decide or~~ make recommendations to the Commissioner of Economic Security on issues relating to grievances and sanctionable issues involving WEP participants.

D. Participation of AFDC and GA applicants and recipients.

1. All AFDC and GA applicants and recipients eligible for WEP shall be informed of its availability and shall register for WEP unless exempt or otherwise excluded from registration by the Commissioner of Public Welfare because of program or budgetary constraints.

4. AFDC and GA recipients exempt from WEP registration may voluntarily register with WEP, unless the Commissioner of Public Welfare limits participation of volunteers because of program or budgetary constraints. ~~WEP may exclude from participation individual GA volunteers whose barriers to employment preclude them from obtaining gainful employment during the existence of WEP.~~

5. f. AFDC-Unemployed Fathers who are registered with WEP shall be exempt from the 100-per-hour month employment limitation.

E. Participation of food stamp recipients.

1. Eligibility for the Food Stamp Program shall be determined by the local welfare agency according to applicable federal law. All Food Stamp applicants or recipients eligible for WEP shall be informed of the program's availability by the local welfare agency.

2. An individual receiving Food Stamps who is required to register with the Job Service in the Department of Economic Security shall be referred to WEP on a timely basis after 30 days of Job Service registration, by the Job

Department of Public Welfare Income Maintenance Bureau Adopted Rule DPW 63 Governing the Work Equity Project

The proposed temporary rule published at *State Register*, Volume 2, Number 45, pp. 2011-2026, May 15, 1978 (2 S.R. 2011), was adopted as a temporary rule on July 17, 1978 and is identical to its proposed form, with the following amendments:

Temporary Rule as Adopted

DPW 63 Administration of Work Equity Project.

B. Administration.

1. WEP is a pilot project designed to extend the scope and services available through the WIN program, the General Assistance Work Program, and Food Stamp work registration. In those counties selected by the Commissioner of DPW for participation in WEP, this rule shall be read in conjunction with DPW 44, 55, and 202; any irreconcilable differences shall be resolved in favor of this rule. In those counties not selected for participation in WEP, provisions of DPW 44, 55 and 202 shall apply without change.

4. WEP shall provide all WIN services ~~traditional to WIN~~ and shall increase the opportunities for training and jobs available through a work incentive program to additional numbers of public assistance recipients.

8. Income maintenance funds which are not expended by local welfare agencies as a result of a recipient's participation in WEP shall be diverted to WEP, in accordance with internal management procedures to be established by DPW

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Service Office unless WEP/EXEMPT. An individual shall be considered WEP-exempt if he/she:

4. Food Stamp recipients exempt from WEP registration may voluntarily register with WEP, unless excluded from registration by the Commissioner of Public Welfare because of program or budgetary constraints, and shall be referred by the local Job Service office.

5. Food Stamp recipients exempt from the Job Service registration may voluntarily register with WEP, unless excluded from registration by the Commissioner of Public Welfare because of program or budgetary constraints, and shall be referred directly to the local WEP office by the local welfare agency.

6. Food Stamp recipients exempt from WEP registration may voluntarily register with WEP, unless the Commissioner of Public Welfare limits participation of volunteers because of program or budgetary constraints. WEP may exclude from participation individual volunteers whose barriers to employment preclude them from obtaining gainful employment during the existence of WEP.

F. Exemption determination disputes.

3. If, after referral, WEP Center Staff believe an individual referred as "mandatory" should be exempt, WEP shall register the individual and then state the reasons in writing to the referring office and request a review of the case. The referring office shall ~~should~~ inform WEP in writing of its findings within 30 days of the request. The decision of the referring office is then binding on WEP.

If WEP receives no response from the referring office within 30 days of its request, it shall ~~should~~ contact the referring office to determine what action has been taken.

If no action has been taken, the individual shall ~~should~~ be deregistered as exempt at the end of the 30-day period. However, if an individual is deregistered and the referring office later determines that he/she is non-exempt, he/she shall be re-registered in order to ensure eligibility for welfare benefits.

H. Appraisal and certification.

5. Support services: An uncertified participant may be provided pre-appraisal and appraisal services by the WEP support service staff. The participant must be certified before receiving WEP support services, listed in section "O" of this Rule. A WEP participant may be certified at any time during the registration period and additional certifications may be done, if necessary. After certification, a participant who is not employed may receive certified support services

until successful completion of his/her EP. Upon entering employment (either unsubsidized or subsidized), WEP support services may be provided for up to 30 days after entering employment. These services may continue for a maximum of 90 days at the discretion of the support service staff. In an emergency such services may be provided for an additional 30 days beyond the 90 day maximum.

5. Support services: Until a participant is certified, only pre-appraisal and appraisal services shall be provided by the WEP support service staff. The participant shall be certified before receiving WEP support services, listed in section "O" of this rule. A WEP participant shall be certified at any time that support services are needed, and additional certifications shall be done as needed. After certification a participant who is not employed shall receive certified support services until successful completion of his/her EP. Upon entering employment (either unsubsidized or subsidized), WEP support services shall be provided for a period of 30 days. Such services shall continue for 90 days if they are necessary for the participant to continue such employment. In an emergency, such services shall be provided for an additional 30 days beyond the 90 days if the same are necessary for the participant to continue such employment.

I. Appropriate employment and training criteria.

1. a. Employability plan: An employment or training assignment must be within the scope of an individual's employability plan. This plan may be modified jointly by the participant and WEP staff including support service staff. Final approval of the employability plan rests with WEP Center staff. If the participant disagrees with the decision, she/he may initiate a grievance;

d. Child care standards: Required child care shall meet the standards specified by the Department of Public Welfare in Rule 2 and 3 and shall be available during the hours the individual is engaged in a WEP assignment plus any additional necessary commuting time;

J. General benefits for program participants.

3. Other fringe benefits: Each participant in an On-the-Job Training or Community Work Project program shall also be assured of health insurance, unemployment insurance (to the extent such benefits are allowable), coverage under collective bargaining agreements and other benefits at the same levels and to the same extent as other employees similarly employed, except that retirement benefits shall be limited pursuant to 29 CFR 98.25 and Chapter 720, Minnesota Laws (1978), and to working conditions neither more nor less favorable than such other employees similarly employed. Nothing in this section shall be interpreted to require coverage for health insurance, unemployment insurance and similar benefits for participants, such as Commu-

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nity Work Project participants, where there is no employee of the employer performing the same or similar work in the employment situation. In determining whether the work is the same or similar to that of a person regularly employed, the WEP Center staff will take into consideration, but shall not be limited to, employment status, type of work performed, job classification and method of appointment to the position.

L. Relocation assistance. WEP shall ~~may~~ assist a certified individual to relocate his/her place of residence when WEP staff determines such relocation is necessary in order to enable him/her to become permanently employed and self-supporting. Relocation of AFDC participants is subject to the approval of the Secretary of Labor or his/her designee. Such assistance shall be given only to an individual who concurs with the relocation and who has a bona fide job offer at the place of relocation at a wage rate which meets full need, as determined by the state in which the individual relocates. Assistance under this section shall not exceed the reasonable costs of transportation for the individual, dependents, and household belongings, plus such relocation allowance as WEP determines reasonable.

M. The WEP components.

2. Intensive Manpower Services (IMS): The Intensive Manpower Services component provides employment services, which shall include vocational counseling, job development, exposure to labor market information, job placement, job-seeking skills training, and job finding clubs to assist the individual to obtain unsubsidized employment.

If unsubsidized employment is not available, the IMS component shall be used to develop opportunities for individuals in community work projects, on-the-job training, and CETA public service employment. Subsidized employment is intended to provide an individual a work-related experience until such time as she/he can be placed in an unsubsidized position.

Participation in IMS shall be limited to three weeks; if the participant is not ready for placement in another WEP component additional three week periods may shall be authorized if approved by the WEP Center Staff supervisor.

6. Community Work Projects (CWP's): CWP's provide participants with subsidized employment until they are able to move into other components or activities or into unsubsidized employment. CWP slots will be developed to meet the individual needs of the participants and shall meet

the definition of appropriate work employment criteria set forth in section I of this rule.

O. Support services.

1. e. Vocational rehabilitation services: Special employment assistance for individuals who are disabled for social, economic, or mental or physical health reasons (including such things as surgery, psychiatric treatment, prosthetic devices, speech or hearing therapy, visual services, dental care, etc.) to correct or modify a physical or mental condition which inhibits employment.

Vocational rehabilitation services shall ~~may~~ be provided with WEP funds only when not available through the Division of Vocational Rehabilitation in the Department of Economic Security, and when there is reasonable expectation that the services will lead to unsubsidized employment and the services can be provided within the constraints of the WEP program and budget.

2. The following support services shall ~~may~~ be arranged for or provided when determined necessary by the WEP Center staff to successful completion of an employability plan:

P. WEP adjudication system.

3. Issues to be decided under the WEP adjudication system: Grievances and sanctionable actions shall be resolved through the WEP adjudication system. Written records of all disputes shall be maintained by the WEP Center.

a. Grievances are written complaints which do not involve the threat of WEP sanctions. Such complaints may arise over questions of actions by the WEP Center staff or work site staff including:

- (1) wages or allowances;
- (2) hours of work or training;
- (3) work or training assignments;
- (4) disciplinary action; and/or,
- (5) any disputes involving volunteers.

While adjudication is pending, the welfare

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grant amounts will be determined in relation to earnings available to the recipient.

Grievances shall be initially handled informally by the WEP Center Supervisor. Within 5 working days of receipt of written notice from the participant the matter will be reviewed and a decision issued. An individual who is not satisfied with the disposition of the grievance may request a hearing at the WEP Center. This hearing will be conducted according to the WEP adjudication process described in 4 ~~et seq.~~ 4, 5, and 6 below.

4. b. Such hearing will be held by a hearing officer of the Department of Economic Security in the manner prescribed by Minn. Stat. § 268.10, Subd. 3 (1976); and if an AFDC registrant is involved, also in accordance with 29 CFR §§ 56.66-56.68.

The hearing officer shall ~~may~~ rule:

4. b. (1) that the individual has failed or refused to participate without good cause in WEP and that appropriate deregistration shall be initiated;

(2) that good cause has been shown for failure or refusal to participate and the individual should be retained in the program;

(3) that the request for a hearing is dismissed because:

(a) it was filed untimely without good cause;

(b) it has been withdrawn in writing;

(c) the individual failed to appear at the hearing without good cause; or

(d) reasonable cause exists to believe that the request for a hearing has been abandoned or repeated requests for rescheduling are arbitrary and for the purpose of unduly delaying or avoiding a hearing;

(4) that the participant was appropriately or inappropriately assigned to a WEP activity by the WEP staff; or

(5) render such other rulings as are appropriate to the issues in question.

DES shall mail copies of the hearing officer's decision to the participant, the WEP Center and WEP Central, the local welfare agency, the Department of Public Welfare and other interested parties to the hearing. Copies to the participant and his/her representative, if any, shall be accompanied by the forms required to file an appeal from an adverse decision, and the instructions necessary to complete the forms. Upon receipt of the decision, the local welfare agency shall notify the participant of the sanctions that may be imposed by the county, and the individual's right to appeal.

Office of Secretary of State Election Division

Adopted Temporary Rule Governing Content of Voter's Certificate on back of Absentee Ballot Return Envelope

The rule published at *State Register*, Volume 2, Number 46, page 2098, May 22, 1978 (2 S.R. 2098) as Proposed Temporary Rule SecStat 4001 is adopted as of July 14, 1978 and is identical to its proposed form with the following amendments:

Temporary Rule as Adopted

SecStat 4001

ABSENTEE VOTER'S CERTIFICATE

OF

(print legal name of voter)

County of _____

State of _____

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SecStat 4001

I do swear that I am a citizen of the United States; that I am an eligible voter; that I am an actual resident of the election precinct indicated by my address in my application; that I do not intend to abandon my residence in said precinct prior to the election date; that at said time I will be a qualified voter in said precinct. meet all of the requirements provided by law to vote by absentee ballot.

(Signed)

(Voter)

(legal signature of voter)

County of _____

State of _____

Subscribed and sworn to before me this _____ day of ----- A.D.

_____, 19____, and I hereby certify that the affiant exhibited the enclosed ballots to me unmarked; that he then in my presence and in the presence of no other person, and in such manner that I could not see his vote, marked such ballots and enclosed and sealed the same in the ballot envelope; or that he was physically incapacitated from marking his ballots and that at his request I marked the ballots for him; that the affiant was not solicited or advised by me for or against any candidate or measure; that if the affiant registered to vote by enclosing a voter registration card in the return envelope then he provided one of the following proofs of residence: option number _____ below as proof of his residence.

(signature of person taking acknowledgement)

(On the above line write name and address of attesting witness and indicate name of his office or official character such as notary public, postmaster, etc., or that the witness is an eligible voter in the absentee voter's county.)

OPTIONS THAT A VOTER MAY USE TO PROVE RESIDENCE FOR REGISTERING

1. Minnesota Driver's License or receipt therefor: Number _____
2. Minnesota Identification Card or receipt therefor: Number _____
3. A registered voter, (Print Name: _____), of the precinct who certifies by his signature that the applicant is also a resident of that precinct.

(Legal signature and residence of registered voter making certification)

4. A current registration indicating a previous address within the same precinct.

KEY: RULES SECTION — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language. **PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material."

RULES

SecStat 4001

5. A notice mailed by the county auditor indicating an insufficiently-completed voter registration card.

6. A student's valid address on one of the following:

- (a) a student identification card; Number _____
- (b) a student fee statement; Number _____
- (c) or, a student registration card. Number _____

A preregistered voter of the precinct willing to certify to the residency of the voter wishing to register.

(Attesting witness)

(Official title or address where witness is registered voter or address of residence from which the witness voted if he resides where there was no permanent registration.)

(Here write name of office or official character of attesting witness, such as notary public, postmaster, etc., or that the witness is an eligible voter in the absentee's county, who has voted within the last four years.)

PROPOSED RULES

Pursuant to Minn. Stat. § 15.0412, subd. 4, agencies must hold public hearings on proposed new rules and/or proposed amendment of existing rules. Notice of intent to hold a hearing must be published in the *State Register* at least 30 days prior to the date set for the hearing, along with the full text of the proposed new or amended rule. The agency shall make at least one free copy of a proposed rule available to any person requesting it.

Pursuant to Minn. Stat. § 15.0412, subd. 5, when a statute, federal law or court order to adopt, suspend or repeal a rule does not allow time for the usual rulemaking process, temporary rules may be proposed. Proposed temporary rules are published in the *State Register*, and for at least 20 days thereafter, interested persons may submit data and views in writing to the proposing agency.



Although the Barred Owl feeds mainly on mice, frogs and lizards, it sometimes attacks small birds, and is therefore feared and disliked by all wild birds. Rarely building its own nest, it inhabits hollow trees or the deserted nests of crows and hawks in low-lying areas near rivers and lakes. Its plumage is brown with distinctive white, buff and darker brown bars. Only 20 inches long, the Barred Owl has a wing span of 44 inches.

(Drawing by Ron VanGilder)

Department of Commerce Insurance Division

Proposed Rules Governing Uniform Health Insurance Claim Forms

Notice of Hearing

Notice is hereby given that a public hearing in the above-entitled matter will be held in the Large Department of Commerce Hearing Room, 500 Metro Square Building, Seventh and Robert Streets, St. Paul, Minnesota 55101, on September 19, 1978, commencing at 9:30 a.m. and continuing until all persons have had an opportunity to be heard.

All interested or affected persons will have an opportunity to participate. Statements may be made orally and written materials may be submitted by mail to Hearing Examiner Natalie L. Gaull, Office of Hearing Examiners, 1745 University Avenue, St. Paul, Minnesota 55104, (612) 296-8111, either before the hearing or within five working days after the close of the hearing or for a longer period not to exceed twenty (20) days if so ordered by the Hearing Examiner in the course of the hearing. Persons filing written statements or materials who desire notice of filing of the Hearing Examiner's report with respect to this matter should state their request in writing at the time of filing of their statements or materials.

The proposed rules, if adopted, would prescribe uniform health insurance claim forms for use by persons providing various classes of health care, including providers of medical, hospital, dental and vision care, providers of pharmaceuticals, and a disability income form, which forms shall be used by all insurers issuing in this state policies of accident and sickness insurance, all service plan corporations issuing in this state subscriber contracts, and all state agencies that require health insurance claims for their records.

Copies of the proposed rules are now available and one free copy may be obtained by writing to the Commissioner of Insurance, 500 Metro Square Building, St. Paul, Minnesota 55101. Additional copies will be available at the door on the date of the hearing. The authority of the Commissioner of Insurance to promulgate the proposed rules is contained in Minn. Stat. § 62A.025 (1976). A "Statement of Need" explaining why the Commissioner

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PROPOSED RULES

Ins 300

believes the proposed rules are necessary and a "Statement of Evidence" outlining the testimony that will be introduced will be filed with the Hearing Examiner's Office at least twenty-five (25) days prior to the hearing and will be available there for public inspection.

Please be advised that Minnesota Statutes, Chapter 10A, requires each lobbyist to register with the Ethical Practices Board within five days after he commences lobbying. Lobbying includes attempting to influence rulemaking by communicating or urging others to communicate with public officials. A lobbyist is generally any individual who is engaged for pay or authorized to spend money by another individual or association and who spends more than \$250 per year or five hours per month at lobbying. The statute provides certain exceptions. Questions should be directed to the Ethical Practices Board, 41 State Office Building, St. Paul, Minnesota 55155, telephone (612) 296-5615.

July 28, 1978

Berton W. Heaton
Commissioner of Insurance

Rules as Proposed

Ins 300 Authority, scope and purpose. These rules are adopted pursuant to the authority granted to the Commissioner of Insurance under Minn. Stat. § 62A.025 (1976) to adopt uniform health insurance claim forms which shall be used by all insurers issuing in this state policies of accident and health insurance, all service plan corporations issuing in this state subscriber contracts, and all state agencies that require health insurance claims for their records. These rules apply to all insurers, all service plan corporations licensed or authorized to do business in or otherwise doing business in this state, and to all state agencies that require health insurance claim forms for their records. These rules are adopted to make effective the provisions of Minn. Stat. § 62A.025 and to facilitate its full and uniform implementation and enforcement.

Ins 301 Definitions. The following definitions of terminology are applicable wherever such terminology is used in these rules. All terms which are defined in Minn. Stat. ch. 62A shall have the meanings attributed to them therein when used in these rules.

A. Accident and health insurance. Accident and health insurance means insurance which indemnified against loss or damage by sickness, bodily injury, or death by accident of the insured or his dependents.

B. Commissioner. Commissioner means the Commissioner of Insurance of the State of Minnesota or a person duly designated to act in his place.

C. Insurer. Insurer means any insurer authorized to do business pursuant to Minn. Stat. ch. 62A and any fraternal beneficiary association as defined in Minn. Stat. § 62A.04.

D. Provider. Provider means any institution, organization or person that furnishes health services either directly to or pursuant to a prescription or directive from a person licensed by the state to make such a prescription or directive.

E. Service plan corporation. Service plan corporation means a foreign or a domestic nonprofit corporation which contracts for health services or payment therefor for subscribers, pursuant to a service plan, in exchange for periodic payments by or on behalf of subscribers.

F. State agency. State agency means any state officer, board, commission, bureau, division, department, or tribunal, other than a court, having a statewide jurisdiction, that requires health insurance claims for its records.

Ins 302 Duties of insurers and service plan corporations. Duty to accept prescribed claim forms. All accident and health insurers, service plan corporations and state agencies must accept forms prescribed by the commissioner.

Ins 303 Prescribed forms. The following forms are hereby prescribed for use in this state:

A. Attending Dentist's Statement — ADS (75) (Exhibit I), developed under the auspices of the American Dental Association by its Task Force representing dental insurance underwriters.

B. Health Insurance Claim Form — AMA 6-74 (Exhibit II), developed under the auspices of and approved by the American Medical Association by its WORK Group on attending physician's billing and insurance reporting forms representing health insurers and recommended by the State Medical Association.

C. Uniform Hospital Billing Form — UB 16 (Exhibit III), developed under the auspices of the American Hospital Association by its Advisory Panel on Hospital Billing.

D. Drug Billing Form — PHPM 33 (12/75) (Exhibit IV), approved by the Minnesota State Pharmaceutical Association.

E. Vision Claim Form — VICF (75) (Exhibit V), approved by the Health Insurance Association of America.

F. Disability Income Claim Form — APS-LT/P&T DIS (75) (Exhibit VI), approved by the Health Insurance Association of America.

PROPOSED RULES

Ins 304 Modification of forms. Statements, instructions or reports such as those that are normally completed by claimants and policyholders, and needed in the administration of benefit payments, but not requiring information from providers, may be included on the reverse side of any of the approved forms when printed by insurers or by service plan corporations for submission to their policyholders or contract holders.

The prescribed forms shall not be changed by the addition of data elements or questions; however, the name and/or identifying symbol of the insurer, service plan corporation and/or group policyholder or state agency may be imprinted in the space provided.

Unneeded data elements or sections may be deleted and the space closed up, except as follows:

Unneeded data elements in the "PATIENT & INSURED (SUBSCRIBER) INFORMATION" section of the Health Insurance Claim Form (AMA-6-74) (Exhibit II) may be deleted and the space closed; however, unneeded items in the "PHYSICIAN OR SUPPLIER INFORMATION" section must be shaded out so that the dimensions of this section and the sequence of the elements are not altered. Further, this section must be positioned on an 8 1/2 x 11 sheet of paper so that the forms of two or

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more insurers or service plan corporations may be completed together by the insertion of a carbon paper between them.

Ins 305 Additional information may be required under certain circumstances. These rules do not prohibit an insurer, service plan corporation or state agency from requesting additional information from a provider of health care or treatment when such information is *necessary* for the proper administration of determining benefit payments. Further, if an insurer or service plan corporation needs a provider report form which differs in some respects from its approved counterpart, such forms shall be submitted to the commissioner for approval along with the reasons for the deviations.

Ins 306 Periodic revision of uniform forms. It is anticipated that the forms herein prescribed for use in this state will require periodic revision resulting in new additions. In such event, the new additions will be acceptable for use in this state upon adoption by the commissioner.

Ins 307 Effective date. These rules shall be effective as to all insurers and service plan corporations five working days after their final publication in the *State Register*. These rules shall be effective as to state agencies one year and five days after their final publication in the *State Register*.

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PROPOSED RULES

ATTENDING DENTIST'S STATEMENT

CHECK ONE:

- DENTIST'S PRE-TREATMENT ESTIMATE
 DENTIST'S STATEMENT OF ACTUAL SERVICES

CARRIER-NAME AND ADDRESS

1. PATIENT NAME		2. RELATIONSHIP TO EMPLOYEE SELF SPOUSE CHILD OTHER		3. SEX M F	4. PATIENT BIRTHDATE MO DAY YEAR		5. IF FULL TIME STUDENT SCHOOL CITY		
6. EMPLOYEE/SUBSCRIBER NAME FIRST MIDDLE LAST			7. EMPLOYEE/SUBSCRIBER SOCIAL SECURITY NO.		9. NAME OF GROUP DENTAL PROGRAM				
8. EMPLOYEE/SUBSCRIBER MAILING ADDRESS CITY, STATE, ZIP					10. EMPLOYER (COMPANY) NAME AND ADDRESS				
11. GROUP NUMBER		12. LOCATION (LOCAL)		13. ARE OTHER FAMILY MEMBERS EMPLOYED? EMPLOYEE NAME SOC. SEC. NO.		14. NAME AND ADDRESS OF EMPLOYER IN ITEM 13			
15. IS PATIENT COVERED BY ANOTHER DENTAL PLAN?		DENTAL PLAN NAME		UNION LOCAL		GROUP NO.		NAME AND ADDRESS OF CARRIER	
I HAVE REVIEWED THE FOLLOWING TREATMENT PLAN. I AUTHORIZE RELEASE OF ANY INFORMATION RELATING TO THIS CLAIM.					I HEREBY AUTHORIZE PAYMENT DIRECTLY TO THE BELOW-NAMED DENTIST OF THE GROUP INSURANCE BENEFITS OTHERWISE PAYABLE TO ME.				
SIGNED (PATIENT OR PARENT IF MINOR) _____ DATE _____					SIGNED (INSURED PERSON) _____ DATE _____				
16. DENTIST NAME					24. IS TREATMENT RESULT OF OCCUPATIONAL ILLNESS OR INJURY? NO YES IF YES, ENTER BRIEF DESCRIPTION AND DATES				
17. MAILING ADDRESS CITY, STATE, ZIP					25. IS TREATMENT RESULT OF AUTO ACCIDENT? 26. OTHER ACCIDENT? 27. ARE ANY SERVICES COVERED BY ANOTHER PLAN?				
18. DENTIST SOC. SEC. OR T.I.N.		19. DENTIST LICENSE NO.		20. DENTIST PHONE NO.		28. IF PROSTHESIS, IS THIS INITIAL PLACEMENT?		29. DATE OF PRIOR PLACEMENT	
21. FIRST VISIT DATE		22. PLACE OF TREATMENT CURRENT SERIES OFFICE HOSP ECF OTHER		23. RADIOGRAPHS OR MODELS ENCLOSED? NO YES HOW MANY?		30. IS TREATMENT FOR ORTHODONTICS?		IF SERVICES ALREADY COMMENCED, ENTER DATE APPLIANCES PLACED NOS. TREATMENT REMAINING	
IDENTIFY MISSING TEETH WITH FACIAL LINGUAL RIGHT LEFT PERMANENT PRIMARY		31. EXAMINATION AND TREATMENT PLAN - LIST IN ORDER FROM TOOTH NO. 1 THROUGH TOOTH NO. 32 - USE CHARTING SYSTEM SHOWN						FOR ADMINISTRATIVE USE ONLY	
		TOOTH # OR LETTER	SURFACE	DESCRIPTION OF SERVICE (INCLUDING X-RAYS, PROPHYLAXIS, MATERIALS USED, ETC.) LINE NO.	DATE SERVICE PERFORMED MO DAY YEAR	PROCEDURE NUMBER	FEE		
32. REMARKS FOR UNUSUAL SERVICES									

I HEREBY CERTIFY THAT THE PROCEDURES AS INDICATED BY DATE HAVE BEEN COMPLETED.

SIGNED (DENTIST) _____ DATE _____

TOTAL FEE CHARGED	
MAX. ALLOWABLE	
DEDUCTIBLE	
CARRIER %	
CARRIER PAYS	
PATIENT PAYS	



EXHIBIT I

Form Approved by the Council on Dental Care Programs of the A.D.A. 1975

PROPOSED RULES

HEALTH INSURANCE

CLAIM FORM

READ INSTRUCTIONS BEFORE COMPLETING OR SIGNING THIS FORM

TYPE OR PRINT

PATIENT & INSURED (SUBSCRIBER) INFORMATION					
1. PATIENT'S NAME <i>(First name, middle initial, last name)</i>		2. PATIENT'S DATE OF BIRTH		3. INSURED'S NAME <i>(First name, middle initial, last name)</i>	
4. PATIENT'S ADDRESS <i>(Street, city, state, ZIP code)</i>		5. PATIENT'S SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		6. INSURED'S DATE OF BIRTH	
9. OTHER HEALTH INSURANCE COVERAGE - Enter Name of Policyholder and Plan Name and Address and Policy or Medical Assistance Number		7. PATIENT'S RELATIONSHIP TO INSURED SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHLD <input type="checkbox"/> OTHER <input type="checkbox"/>		8. INSURED'S GROUP NO. <i>(Or Group Name)</i>	
		10. WAS CONDITION RELATED TO: A. PATIENT'S EMPLOYMENT YES <input type="checkbox"/> NO <input type="checkbox"/> B. AN AUTO ACCIDENT YES <input type="checkbox"/> NO <input type="checkbox"/>		11. INSURED'S ADDRESS <i>(Street, city, state, ZIP code)</i>	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE <i>(Read back before signing)</i> <small>I Authorize the Release of any Medical Information Necessary to Process this Claim and Request Payment of MEDICARE/CHAMPUS Benefits Either to Myself or to the Party Who Accepts Assignment Below</small>		13. I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO UNDERSIGNED PHYSICIAN OR SUPPLIER FOR SERVICE DESCRIBED BELOW			
SIGNED _____ DATE _____				SIGNED <i>(Insured or Authorized Person)</i> _____	
PHYSICIAN OR SUPPLIER INFORMATION					
14. DATE OF: <input type="checkbox"/> ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (LMP)		15. DATE FIRST CONSULTED YOU FOR THIS CONDITION		16. HAS PATIENT EVER HAD SAME OR SIMILAR SYMPTOMS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
17. DATE PATIENT ABLE TO RETURN TO WORK		18. DATES OF TOTAL DISABILITY FROM _____ THROUGH _____		DATES OF PARTIAL DISABILITY FROM _____ THROUGH _____	
19. NAME OF REFERRING PHYSICIAN		20. FOR SERVICES RELATED TO HOSPITALIZATION GIVE HOSPITALIZATION DATES ADMITTED _____ DISCHARGED _____		22. WAS LABORATORY WORK PERFORMED OUTSIDE YOUR OFFICE? YES <input type="checkbox"/> NO <input type="checkbox"/> CHARGES: _____	
21. NAME & ADDRESS OF FACILITY WHERE SERVICES RENDERED <i>(If other than home or office)</i>		23. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. RELATE DIAGNOSIS TO PROCEDURE IN COLUMN D BY REFERENCE TO NUMBERS 1, 2, 3, ETC. OR DX CODE			
1.		2.			
3.		4.			
24. A DATE OF SERVICE	B * PLACE OF SERVICE	C FULLY DESCRIBE PROCEDURES, MEDICAL SERVICES OR SUPPLIES FURNISHED FOR EACH DATE GIVEN PROCEDURE CODE (IDENTIFY: _____) <i>(EXPLAIN UNUSUAL SERVICES OR CIRCUMSTANCES)</i>	D DIAGNOSIS CODE	E CHARGES	F
25. SIGNATURE OF PHYSICIAN OR SUPPLIER <i>(Read back before signing)</i>		26. ACCEPT ASSIGNMENT (GOVERNMENT CLAIMS ONLY) (SEE BACK) YES <input type="checkbox"/> NO <input type="checkbox"/>		27. TOTAL CHARGE	
SIGNED _____ DATE _____		30. YOUR SOCIAL SECURITY NO.		28. AMOUNT PAID	
32. YOUR PATIENT'S ACCOUNT NO.		33. YOUR EMPLOYER I.D. NO.		29. BALANCE DUE	
				31. PHYSICIAN'S OR SUPPLIER'S NAME, ADDRESS, ZIP CODE & TELEPHONE NO.	
				I.D. NO.	

- * PLACE OF SERVICE CODES
- | | | | |
|--------------------------------|-------------------------------|--------------------------------------|-------------------------------------|
| 1 - (IH) - INPATIENT HOSPITAL | 4 - (H) - PATIENT'S HOME | 7 - (NH) - NURSING HOME | O - (OL) - OTHER LOCATIONS |
| 2 - (OH) - OUTPATIENT HOSPITAL | 5 - DAY CARE FACILITY (PSY) | 8 - (SNF) - SKILLED NURSING FACILITY | A - (IL) - INDEPENDENT LABORATORY |
| 3 - (O) - DOCTOR'S OFFICE | 6 - NIGHT CARE FACILITY (PSY) | 9 - AMBULANCE | B - OTHER MEDICAL/SURGICAL FACILITY |

PROPOSED RULES

NOTICE: ANYONE WHO MISREPRESENTS OR FALSIFIES ESSENTIAL INFORMATION REQUESTED BY THIS FORM MAY UPON CONVICTION BE SUBJECT TO FINE AND IMPRISONMENT UNDER FEDERAL LAW

			(1) HOSPITAL NO.	(2) PROVIDER NO.	(3) FED. I.D. NO.	
(4) PATIENT'S LAST NAME	FIRST NAME	INITIAL	(5) STREET ADDRESS	CITY	STATE	ZIP
(6) PATIENT CONTROL NO.	(7) S (8) R	(9) BIRTHDATE	(10) ATTENDING PHYSICIAN	(11) ADMISSION-START OF CARE DATE	(12) QUALIFYING STAY DATES FROM THRU	(13) H.H. PLAN EST.
(14) PRIMARY PAYOR - NAME	(15) INSURED'S NAME & RELATIONSHIP TO PATIENT		(16) CLAIM-CERTIFICATE - I.D. NO. (H.I.C.)	(17) GROUP NAME - NO.	(18) BENEFITS ASSIGNED YES NO	
(19) SECONDARY PAYORS - NAMES	(20) INSURED'S NAME & RELATIONSHIP TO PATIENT		(21) CLAIM-CERTIFICATE - I.D. NO. (H.I.C.)	(22) GROUP NAME - NO.	(23) BENEFITS ASSIGNED YES NO	
(24)	(25)		(26)	(27)	(28)	

(29) BILL TO	(30)
(31) TYPE OF SERV.	PROFESSIONAL COMPONENTS (32) RADIOLOGY (33) PATHOLOGY (34) OTHER (35) MOST COM. SEMI-PVT. RATE

(36) CODE	(37) DESCRIPTION	(38)	(39) TOTAL CHARGES	(40) PRIMARY PAYOR	(41) SEC. PAYOR-ITEM 19	(42) SEC. PAYOR-ITEM 24	(43) PATIENT
TOTALS →			(44)	(45)	(46)	(47)	(48)

(50) STATEMENT COVERS PERIOD FROM THRU	(51) P.S. CODE	(52) DIS. HR.	(53) COV. DAYS	(54) N. COV. DAYS	(55) COINSURANCE	(56) COINSURANCE	(57) COINSURANCE	(58) PAID BY PATIENT				
BLOOD RECORD (PINTS)	(59) FURN.	(60) REPLACED	(61) NOT REPLACED	(62) DED.	(63) CHG./PT.	(64) BLOOD DED.	(65) INPATIENT DEDUCTIBLE	(66) DEDUCTIBLES	(67) DEDUCTIBLES	(68) DEDUCTIBLES	AMOUNT DUE	
OCCURRENCES (69) DATE	DATE AND CODE (70) CODE (71) DATE	(72) CODE	COINSURANCE (73) DAYS (74) RATE	(75) L.R. DAYS USED	(76) DUE FROM PRIMARY PAYOR	(77) DUE FROM SEC. PAY ITEM 19	(78) DUE FROM SEC. PAYOR ITEM 24	(79) DUE FROM PATIENT				
(80) DIAGNOSIS(ES) / NATURE OF ILLNESS								DISCHARGE <input type="checkbox"/>	ADMITTING <input type="checkbox"/>	EMPLOYMENT RELATED <input type="checkbox"/>	(81) DO NOT USE	
PRIMARY OTHER								(82) OBSTETRICAL OR SURGICAL PROCEDURES - DATES				(83) DO NOT USE

(84) REMARKS:			(85) P.I.P.	(86) I CERTIFY THAT THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.	(87) DATE			
			PROVIDER REPRESENTATIVE <input checked="" type="checkbox"/>					
			(88) VERIFIED NON-COV. STAY DATES FROM THRU		(89) PAYMENT DISTRIBUTION PROVIDER PATIENT			
			(90) VERIFIED PATIENT LIABILITY BLOOD CASH DEDUCT.		COINSURANCE (91) NON-PYMI CODE (92) DAYS USED			
(93) RTI	(94) ADJ. CODE	(95) BATCH NO.	(96) BATCH DATE	(97) INTERMED. NO.	(98) AMOUNT REIMBURSED	(99) DATE RECEIVED	(100) APPROVED BY (INITIALS)	(101) DATE APPROVED

PROPOSED RULES

MINNESOTA UNIVERSAL Rx CLAIM FORM

The name and address of the pharmacy should be indicated in the space below:

PLEASE TYPE OR PRINT — PRESS FIRMLY

PHARMACY DPW I.D. NUMBER														
THIS MEDICATION IS PRESCRIBED FOR (PLEASE PRINT)														
PATIENT'S NAME						PATIENT'S I.D. NO.								
THE ABOVE PERSON IS <input type="checkbox"/> CARDHOLDER (1) <input type="checkbox"/> CARDHOLDER'S SPOUSE (2) <input type="checkbox"/> CARDHOLDER'S DEPENDENT CHILDREN (3)														
The medication described hereon was received for the named patient who is eligible for drug benefits and authorizes the release of all information contained hereon to the plan administrator and certifies this medication is not for an on the job injury and I hereby assign to vendor pharmacy any payment due pursuant to this transaction and authorize payment direct to vendor pharmacy.														
SIGNATURE OF PATIENT OR GUARDIAN OR LEGAL REPRESENTATIVE _____ X_____														
NOTICE: IF TWO PRESCRIPTIONS ARE SUBMITTED ON THIS FORM, BOTH MUST BE FOR THE SAME PATIENT.										Date Dispensed				
Rx NUMBER	Metric Qty.	Days Supply	NDC								NEW REFILL <input type="checkbox"/> 1 <input type="checkbox"/> 2 CIRCLE ONE	INGR COST	U & C Charge	Balance Due
1														
Rx NUMBER	Metric Qty.	Days Supply	NDC								NEW REFILL <input type="checkbox"/> 1 <input type="checkbox"/> 2 CIRCLE ONE	INGR COST	U & C Charge	Balance Due
2														
NAME OF MEDICATION & DOSAGE FORM					STRENGTH			MFG		PRESCRIBER MAID NO.			PHARMACIST'S SIGNATURE	
1														
2														

FORM NO. PPHM-33 (12/75)

PROPOSED RULES

VICF(75)

VISION INSURANCE CLAIM FORM

Physician and/or Supplier: After you have completed and signed this form, please return it to the Insured's Employer.

PART A – PATIENT & INSURED INFORMATION

1. PATIENT'S NAME (First name, middle initial, last name)	2. PATIENT'S DATE OF BIRTH	3. INSURED'S NAME (First name, middle initial, last name)
4. PATIENT'S ADDRESS (Street, city, state, ZIP code)	5. PATIENT'S SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	6. INSURED'S I.D. No. (include any letters)
	7. PATIENT'S RELATIONSHIP TO INSURED SELF SPOUSE CHILD OTHER	8. INSURED'S GROUP NO. (Or Group Name)
9. OTHER HEALTH INSURANCE COVERAGE – Enter Name of Policyholder and Plan Name and Address and Policy or Medical Assistance Number	10. WAS CONDITION RELATED TO A. PATIENT'S EMPLOYMENT YES <input type="checkbox"/> NO <input type="checkbox"/>	11. INSURED'S ADDRESS (Street, city, state, ZIP code)
	B. AN AUTO ACCIDENT YES <input type="checkbox"/> NO <input type="checkbox"/>	

12. I hereby authorize the release of any information necessary to process this claim.	▶ Patient's or Authorized Person's signature	Date
13. I authorize payment of Vision Care benefits to undersigned Physician or Optometrist for services described below.	▶ Insured's or Authorized Person's signature	Date



PART B – EXAMINING PHYSICIAN OR OPTOMETRIST'S INFORMATION

14. Indicate Diagnosis or Nature of Disease, injury or Vision Disorder	15. Type of vision care patient had prior to this examination <input type="checkbox"/> Conventional Lenses <input type="checkbox"/> Contacts <input type="checkbox"/> Low Vision Aids <input type="checkbox"/> Visual Training/Vision Therapy <input type="checkbox"/> Medication State condition treated _____ Surgery (explain) _____
16. Describe conditions diagnosed which require treatment at this time	17. Does Patient require a prescription change at this time? Frames <input type="checkbox"/> Yes <input type="checkbox"/> No Lenses <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why?

18. Indicate date of patient's last change of: lenses _____ frames _____ Check the materials or treatment prescribed (note number prescribed): <input type="checkbox"/> Frames _____ <input type="checkbox"/> Single Vision _____ <input type="checkbox"/> Bifocal _____ <input type="checkbox"/> Trifocal _____ <input type="checkbox"/> Contact Lens _____ <input type="checkbox"/> Low Vision Aid _____ <input type="checkbox"/> Visual Training/vision therapy _____ <input type="checkbox"/> Other _____	19. If Contact Lenses, would the visual acuity be corrected to 20/70 in the better eye by use of Conventional Lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

20. If tinted lenses, photograys, sunglasses or conventional lenses are prescribed which are not impact-resistant, state reason why:

21. Report of services, or attach itemized bill. (If previous form submitted to this carrier, you need show only dates and services since last report)

Date of Service	Services Rendered	Charges

22. Physician's or Optometrist's Name, Address, Zip Code, and Telephone No.	23. Social Security No.	26. Total Charges
	24. Employer I.D. No.	27. Amount Paid
	25. Other Identifying No.	28. Balance Due

29. Accept Assignment <input type="checkbox"/> Yes <input type="checkbox"/> No	30. Signature of Physician/Optometrist Sign Here ▶	31. Date signed	32. Your Patient's Account No.
33. I hereby authorize payment of Vision Care benefits to the undersigned Supplier for services described below.		▶ Insured's or Authorized Person's Signature	Date

PART C – SUPPLIER INFORMATION (To be completed by Dispenser of Prescription other than Prescribing Physician)

34. RX Number	Date of Delivery	Fee	Manufacturer's Trade Name	Style/Size/Width	35. Supplier's Name, Address, Zip Code and Telephone No.
Lenses					
Frames					
Contacts					
Other					36. Employer I.D. No.
38. Accept Assignment <input type="checkbox"/> Yes <input type="checkbox"/> No	39. Signature of Supplier Sign Here ▶		40. Date Signed	41. Patient's Account No.	

ATTENDING PHYSICIAN'S STATEMENT

(OPTIONAL – This space can be utilized by carriers to explain the employee's occupation; make a statement relative to eligibility; give any mailing instructions the carrier desires; make a statement that the patient is responsible for obtaining completion of the form at no expense to the Company, etc.) This space can also be used to state the purpose of the form to the doctor and make reference to specific information that would be needed to determine disability).

Name of patient _____ Date of birth _____
Mo. Day Year

Employer name _____ Group/Policy No. _____

1. HISTORY

- (a) When did symptoms first appear or accident happen? ... Mo. _____ Day _____ 19 _____
- (b) Date patient ceased work because of disability Mo. _____ Day _____ 19 _____
- (c) Has patient ever had same or similar condition? Yes No If "Yes" state when and describe
- (d) Is condition due to injury or sickness arising out of patient's employment? Yes No Unknown
- (e) Names and addresses of other treating physicians

2. DIAGNOSIS (including any complications)

- (a) Date of last examination Mo. _____ Day _____ 19 _____
- (b) Diagnosis (including any complications)
- (c) Subjective symptoms
- (d) Objective findings (Including current X-rays, EKG's, Laboratory Data and any clinical findings)

3. DATES OF TREATMENT

- (a) Date of first visit Mo. _____ Day _____ 19 _____
- (b) Date of last visit Mo. _____ Day _____ 19 _____
- (c) Frequency Weekly Monthly Other (Specify) _____

4. NATURE OF TREATMENT (Including Surgery and medications prescribed, if any)

5. PROGRESS


- (a) Has patient Recovered? Improved? Unchanged? Retrogressed?
- (b) Is patient Ambulatory? House confined?
 Bed confined? Hospital confined?
- (c) Has patient been hospital confined? Yes No If yes, give Name and Address of Hospital _____
 Confined from _____ through _____

6. CARDIAC (If Applicable)

- (a) Functional capacity Class 1 (No limitation) Class 2 (Slight limitation)
 (American Heart Ass'n.) Class 3 (Marked limitation) Class 4 (Complete limitation)
- (b) Blood Pressure (last visit) /
SYSTOLIC / DIASTOLIC

PROPOSED RULES

EXHIBIT VI (Page 2)

7.	PHYSICAL IMPAIRMENT	(*as defined in Federal Dictionary of Occupational Titles)		
	<input type="checkbox"/> Class 1 – No limitation of functional capacity; capable of heavy work*	No restrictions. (0-10%)		
	<input type="checkbox"/> Class 2 – Medium manual activity*	(15-30%)		
	<input type="checkbox"/> Class 3 – Slight limitation of functional capacity; capable of light work*	(35-55%)		
	<input type="checkbox"/> Class 4 – Moderate limitation of functional capacity; capable of clerical/administrative (sedentary*)	(activity. (60-70%))		
	<input type="checkbox"/> Class 5 – Severe limitation of functional capacity; incapable of minimal (sedentary*)	activity. (75-100%)		
	<input type="checkbox"/> Remarks:			
8.	MENTAL/NERVOUS IMPAIRMENT (if applicable)			
	(a) Please define "stress" as it applies to this claimant.			
	(b) What stress and problems in interpersonal relations has claimant had on job?			
	<input type="checkbox"/> Class 1 – Patient is able to function under stress and engage in interpersonal relations (no limitations)			
	<input type="checkbox"/> Class 2 – Patient is able to function in most stress situations and engage in most interpersonal relations (slight limitations)			
	<input type="checkbox"/> Class 3 – Patient is able to engage in only limited stress situations and engage in only limited interpersonal relations (moderate limitations)			
	<input type="checkbox"/> Class 4 – Patient is unable to engage in stress situations or engage in interpersonal relations (marked limitations)			
	<input type="checkbox"/> Class 5 – Patient has significant loss of psychological, physiological, personal and social adjustment (severe limitations)			
	<input type="checkbox"/> Remarks:			
	Do you believe the patient is competent to endorse checks and direct the use of the proceeds thereof? Yes <input type="checkbox"/> No <input type="checkbox"/>			
9.	PROGNOSIS			
	PATIENT'S JOB	ANY OTHER WORK		
	(a) Is patient now totally disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	(b) What duties of patient's job is he/she incapable of performing?			
	Do you expect a fundamental or marked change in the future? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	(1) If yes, when will patient recover sufficiently to perform duties	/ / Mo. Day Yr.	1 Mo. <input type="checkbox"/> 3-6 Mos. <input type="checkbox"/> 1-3 Mos. <input type="checkbox"/> Never <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> / / Mo. Day Yr.
	(2) If no, please explain			
10.	REHABILITATION			
	(a) Is patient a suitable candidate for further rehabilitation services? (i.e., cardiopulmonary program, speech therapy, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/>			
	(b) Can present job be modified to allow for handling with impairment? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	PATIENT'S JOB	ANY OTHER WORK		
	(c) When could trial employment commence?	/ / Mo. Day Yr.	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	/ / Mo. Day Yr.
	(d) Would vocational counseling and/or retraining be recommended?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
11.	REMARKS			
				
Name (Attending Physician) Print		Degree	Telephone	
Street Address	City or Town	State or Province	Zip Code	
Signature:				Date

PROPOSED RULES

Department of Labor and Industry Occupational Safety and Health Division

Proposed Revisions to Occupational Safety and Health Codes

MOSHC 1

published in Part II, Volume 39, No. 125 of the Federal Register on June 27, 1974; and

Part 1926, Construction Safety and Health Regulations as published in Part II, Volume 39, No. 122 of the Federal Register on June 24, 1974; and

Parts 1915, 1916, 1917, and 1918, Occupational Safety and Health Standards for Maritime Employment as published in Part II, Volume 39, No. 119 of the Federal Register on June 19, 1974; and

Part 1928, Occupational Safety and Health Standards for Agriculture as published in Part II, Volume 40, No. 81, of the Federal Register on April 25, 1975.

Request for Public Comment

Please take notice that E. I. Malone, Commissioner, Minnesota Department of Labor and Industry, has determined that the following revisions to the Occupational Safety and Health Codes shall be promulgated pursuant to Minn. Stat. § 182.655 (1976) establishing, modifying, or revoking Occupational Safety and Health Standards as printed below.

Complete copies of the specific standards, changes, additions, deletions, and corrections are available by writing: Deputy Commissioner, Minnesota Department of Labor and Industry, 444 Lafayette Road, St. Paul, Minnesota 55101.

Interested persons are hereby afforded a period of 30 days to submit written data or comments on the rules proposed. Any interested person may file with the commissioner written objections to the proposed rules stating the grounds therefor and such person may request a public hearing on such objections.

E. I. Malone
Commissioner

Dated: July 25, 1978

Rules as Proposed

MOSHC 1 Minnesota Occupational Safety and Health Codes and Rules, MOSHC 1, is hereby changed and modified by incorporating and adopting by reference, changes, additions, deletions and corrections made prior to July 1, 1978 to the following parts of Title 29 of the Code of Federal Regulations:

Part 1910, Occupational Safety and Health Standards as

A. A new permanent standard for exposure to 1,2-Dibromo-3-chloropropane (DBCP) as published in the Federal Register, Volume 43, No. 53, Friday, March 17, 1978, pages 11514 through 11533 which establishes the following safety and health standard:

1910.1044 — 1,2-dibromo-3-chloropropane

This standard limits employee exposure to DBCP to 1 part DBCP per billion parts of air (1 ppb) as an 8-hour time-weighted average concentration. The standard also prohibits eye and skin contact with DBCP and provides for employee exposure monitoring, engineering controls and work practices, respirators, personal protective equipment and clothing, employee training, medical surveillance, regulated areas, hygiene practices and facilities and recordkeeping. This standard applies to all employments in all industries including general industry, construction, and maritime, excluding only agriculture. This standard replaces the emergency temporary standard (ETS) adopted on October 11, 1977 (2 S.R. 753).

B. A new permanent standard for occupational exposure to inorganic arsenic as published in the Federal Register, Volume 43, No. 88, Friday, May 5, 1978, pages 19584 through 19631 which establishes a new permanent standard for occupational exposure to inorganic arsenic at § 1910.1018; amends Table Z-1 of 29 CFR § 1910.1000; and implements the application of this new standard to the maritime and construction industries by adding a new paragraph (e) to 29 CFR § 1910.19. The new permanent standard also supersedes corresponding standards now in Parts 1910, 1915, 1916, 1917, 1918 and 1926 of Title 29 of the Code of Federal Regulations. This rule limits occupa-

KEY: RULES SECTION — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language. **PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material."

PROPOSED RULES

MOSHC 1

tional exposure to inorganic arsenic to $10 \mu\text{g}/\text{m}^3$ (micrograms per cubic meter of air) based on an 8-hour time-weighted average. The purpose of this rule is to minimize the incidence of lung cancer among workers exposed to inorganic arsenic. Employees protected by this standard work principally in the nonferrous metal smelting, glass and arsenical chemical industries. Provisions for monitoring of exposures, recordkeeping, medical surveillance, hygiene facilities and other requirements are also included. The $10 \mu\text{g}/\text{m}^3$ limit has been set because it will provide significant employee protection and is the lowest feasible level in many circumstances. This standard does not apply to pesticide application, agriculture and the treatment and use of arsenically preserved wood.

C. A new permanent standard for occupational exposure to cotton dust as published in the Federal Register, Volume 43, No. 122, Friday, June 23, 1978, pages 27350 through 27399 which amends Part 1910 of 29 CFR by adding a new permanent standard for occupational exposure to cotton dust at § 1910.1043; adds a footnote to the reference to "cotton dust (raw)" in Table Z-1 of § 1910.1000; and implements the application of this standard to the construction industries by adding a new paragraph (f) to § 1910.19. This new permanent standard supersedes corresponding standards now in Part 1910 and in Part 1926 of Title 29 of the Code of Federal Regulations. The new standard establishes a permissible exposure limit of $200 \mu\text{g}/\text{m}^3$ for yarn manufacturing, $750 \mu\text{g}/\text{m}^3$ for slashing and weaving operations, and $500 \mu\text{g}/\text{m}^3$ for all other processes in the cotton industry and for non-textile industries where there is exposure to cotton dust. The harvest of cotton and the manufacturing of garments from cotton fabrics are not covered by this standard. The standard also provides for employee exposure monitoring, engineering controls and work practices, respirators, employee training, medical surveillance, signs and recordkeeping. This new standard does not apply to the growing and harvesting of cotton, the ginning of cotton (which is the subject of a separate regulation; see paragraph D of this notice), maritime operations, the handling or processing of woven or knitted materials, or the handling or processing of washed cotton. Until the provisions of the new standard become effective, the requirements pertaining to cotton dust currently contained in § 1910.1000 Table Z-1 remain in full force and effect. In yarn manufacturing, the requirements pertaining to cotton dust currently contained in § 1910.1000 Table Z-1 remain in full force and effect until compliance with § 1910.1043 is achieved.

D. A new permanent standard for occupational exposure to cotton dust in cotton gins as published in the Federal Register, Volume 43, No. 122, Friday, June 23, 1978,

pages 27418 through 27463, which establishes a new permanent standard for occupational exposure to cotton dust in cotton gins at § 1910.1046; and amends § 1928.21 by adding a new paragraph (a) (5). This new standard will apply to all cotton gins, whether considered agricultural operations or industrial operations. This standard establishes requirements for work practices, respirator usage, medical surveillance and recordkeeping, but does not impose a numerical permissible exposure limit. The occupational safety and health standard for exposure to cotton dust in cotton gins is issued in conjunction with the general industry standard for exposure to cotton dust published in the Federal Register, Volume 43, No. 122, June 23, 1978 as described in paragraph C above.

E. Corrections made in Title 29 of the Code of Federal Regulations as published in the Federal Register, Volume 43, No. 127, Friday, June 30, 1978, pages 28472 through 28474 which corrects and/or amends the following standards:

1. 1910.1018 — Occupational exposure to inorganic arsenic. This notice announces corrections (including minor typographical errors and inadvertent omissions) to the permanent inorganic arsenic standard which appeared in the Federal Register on May 5, 1978 (43 F.R. 19584) and is proposed for adoption in this notice (paragraph B).

2. 1910.19 — Special provisions for air contaminants. This section is amended by adding a new section heading, by designating the existing material as paragraph (a), by adding paragraph (b) and by adding paragraph headings to paragraphs (d), (e) and (f). The complete text, as amended, appears on page 28473 of the Federal Register, Volume 43, No. 127, dated Friday, June 30, 1978.

3. 1910.1043 — Occupational exposure to cotton dust. This notice announces corrections (including minor typographical errors and inadvertent omissions) to the permanent cotton dust standard and appendices which appeared in the June 23, 1978 Federal Register (43 FR 27394 through 27418) and is proposed for adoption in this notice (Paragraph C).

4. 1910.1046, 1928.21, and 1928.113 — Occupational exposure to cotton dust in cotton gins. This notice announces corrections (including typographical errors and inadvertent omissions) to the permanent cotton dust in cotton gins standard and appendices which appeared in the Federal Register on June 23, 1978 (43 FR 27434 through 27463) and provides for the reprinting of the standard in the occupational safety and health standards for agriculture.

STATE CONTRACTS

Pursuant to the provisions of Laws of 1978, ch. 480, an agency must make reasonable effort to publicize the availability of any consultant services contract or professional and technical services contract which has an estimated cost of over \$2,000.

Department of Administration procedures require that notice of any consultant services contract or professional and technical services contract which has an estimated cost of over \$10,000 be printed in the *State Register*. These procedures also require that the following information be included in the notice: name of contact person, agency name and address, description of project and tasks, cost estimate, and final submission date of completed contract proposal.



Journalist Jane Grey Swisshelm, editor of the *St. Cloud Visiter* during the 1850s, wrote articles and lectured on "Slavery as I Have Seen It in a Slave State" and "Women and Politics." To avoid a libel suit with a prominent St. Cloud citizen, Swisshelm agreed to cease attacking him in the *Visiter*. The following week, she changed the paper's name to *St. Cloud Democrat* and continued her abolitionist and feminist crusade, even though an angry mob broke into her office, destroyed her printing press, and burned her in effigy. (Drawing by Maria Dinulescu)

Department of Health Environmental Health Division

Notice of Request for Proposals for Consultant Services

The Minnesota Department of Health is requesting proposals from consultants to perform the following functions:

a. Design a training package containing instructional objectives, instructional aids, instructor outline and student workbook (usable for self-study) to be used in the execution of the training sessions described in b. below.

b. Hold eight six-hour training sessions across the state for the benefit of operators of public water supply systems dealing with the selection, installation and maintenance of public water distribution systems.

The contract will be for the period of September 31, 1978 to September 31, 1979. One contract will be for the sum of \$30,000. Final proposal submission date: August 31, 1978. Persons wishing the Request for Proposal package as well as persons submitting proposals should contact Gunilla A. Montgomery, Training Coordinator, Section of Water Supply and General Engineering, Minnesota Department of Health, 717 Delaware Street S.E., Minneapolis, Minnesota 55440, (612) 296-5517.

Pollution Control Agency Solid Waste Division

Notice of Request for Proposals for the Conduct of a Hazardous Waste Planning Study

The Pollution Control Agency has been legislatively mandated to develop a state hazardous waste management plan. Related hazardous waste planning has been assigned to the State Planning Agency under Chapter 728 of the Laws of 1978. Notice is hereby given that the Pollution Control Agency, in conjunction with the State Planning Agency, intends to engage the services of a consultant(s) to assist the above agencies in the development of a state hazardous waste management plan and legislative policy recommendations.

Considerable effort has been directed toward the study of the state's hazardous waste generation and management prac-

STATE CONTRACTS

tices. While this data has been of use in defining the magnitude of the hazardous waste situation in the state, it is not in a form that can be readily applied toward the understanding of definitive planning and policy related issues. The purpose of this proposed contract will be to assist the state agencies in developing the existing data base by making it responsive to their legislatively mandated hazardous waste planning responsibilities.

The basic approach to the proposed contract will be to categorize hazardous waste management groups, and then, based upon explicit criteria, to identify hazardous waste management priorities. These priorities and the consultant-recommended management and/or treatment alternatives for an economically feasible and environmentally acceptable method of dealing with a given priority will serve as the basis for future policy and legislative recommendations. The policy and legislative issues and the work tasks involved in addressing these issues have been spelled out in Chapter 728 of the Minnesota Statutes and in the Final Work Plan submitted to the Joint Legislative Committee on Solid and Hazardous Waste. A more detailed description of the scope of work to be conducted by the consultant will be provided in a forthcoming request for proposal.

The agency's consultant need will be met by a firm(s) with a capability and demonstrated experience in each of the following hazardous waste management groups: waste oils, solvents, flammables, oxidizers, reactives, paints, pesticides, explosives, poisons, heavy metals, and wastewater sludges. Inherent in these hazardous waste management capabilities is the working knowledge of the industrial processes (oil refining, tanning, electroplating, paper milling, printing and publishing, metal fabricating, etc.) from which these wastes are generated. Because of the broad range nature of capabilities required by the proposed contract, the agency considers joint ventures highly probable and perhaps desirable.

The contract will involve state and federal funds totalling approximately \$100,000. Persons desiring to submit proposals should contact:

Mr. James Kinsey or Mr. Mark Norgaard
Minnesota Pollution Control Agency
Division of Solid Waste
Hazardous Waste Management Section
1935 West County Road B2
Roseville, Minnesota 55113
Telephone: (612) 296-7317

Deadline for proposals is Monday, September 11, 1978.

Sandra S. Gardebring
Executive Director

Department of Public Safety Office of Public Information Notice of Availability of Graphics Art Contract

The Department of Public Safety is seeking proposals for a graphics art contract not to exceed \$19,000. Term of the contract: until June 30, 1979. The contract is to include illustrations, layout and finished art for publications and displays and presentations, lettering for posters and consultant assistance in the area of graphics. Contractor is to pick up and deliver assignments to meet departmental deadlines. Contact Zita Lichtenberg, director of public information, Dept. of Public Safety, 318 Transportation Building, 296-6652. Final submission date for proposals is September 4, 1978.

Department of Public Welfare Systems and Data Flow Division

Notice of Availability of Contract for Data Processing Services

The Department of Public Welfare will be contracting for computer resources to process data used in its Medicaid Surveillance and Utilization Review Program. Processing involved includes two steps, each of which is to be treated separately in the proposal. The steps are:

1. A sort of up to approximately eight million variable length records.
2. Production of reports using the records coming out of the above sort step.

All software currently exists — the contract will cover only hardware and related support services. Estimated cost of the sort step is not expected to exceed \$20,000 per year. Estimated cost of the report production step is not expected to exceed \$55,000 per year.

Further detailed information is available by contacting Ron Rozeske, Department of Public Welfare, Systems and Data Flow Division, P.O. Box 43170, 690 North Robert Street, Saint Paul, Minnesota 55164. Telephone No.: (612) 296-2177. Proposals will be accepted until September 4, 1978.

OFFICIAL NOTICES

Pursuant to the provisions of Minn. Stat. § 15.0412, subd. 6, an agency, in preparing proposed rules, may seek information or opinion from sources outside the agency. Notices of intent to solicit outside opinion must be published in the *State Register* and all interested persons afforded the opportunity to submit data or views on the subject, either orally or in writing.

The *State Register* also publishes other official notices of state agencies, notices of meetings, and matters of public interest.

Department of Commerce Insurance Division

Notice of Correction in the Matter of the Adopted Rules Governing Automobile Repairs Arbitration

The following amendments were omitted from the rules as adopted, published at *State Register*, Volume 3, Number 3, p. 82, July 24, 1978 (3 S.R. 82):

INS 182 General.

N. Where there are companion claims arising out of the same accident each of which would be, or is subject to, the compulsory jurisdiction of these Rules, arbitrated together pursuant to Rule 182 L. only one filing is necessary to determine the issue of liability as to the drivers of the respective vehicles. A panel's decision on this issue is *res judicata* on the liability issue in all companion matters involving the same companies within the jurisdiction of these rules, except as to special defenses arising in the companion claim or suit.

INS 186 Procedure.

C. Answers filed by respondent shall set forth the following information:

1. Supplement, if and as necessary, the information furnished by applicant as to respondent reparation obligor's name, local representative, address, name of insured, file number or kind of policy coverage;
2. Whether there is an objection to arbitration, and, if so, the grounds on which the objection is based should be fully stated;
3. Brief statement of allegations as to the issue in controversy;
4. Signature of respondent's representative and date signed;

(CITE 3 S.R. 217)



Often visible in Minnesota, aurora borealis (Northern Lights) is a luminous display consisting of brilliant arches and streamers of light seen in the night sky. It is believed to be of electrical origin.

Ethical Practices Board

Findings of Fact in the Matter of the Complaint against John Klein, Urban Council on Mobility

Summary*

On July 18, 1978, the Ethical Practices Board issued a finding of no probable cause to believe that John Klein, Executive Director of the Urban Council on Mobility, had conducted lobbying efforts which would require his registration as a lobbyist under the Ethics In Government Act as alleged in a complaint filed by Attorney Alan W. Weinblatt, on behalf of Svonn Borgersen.

*The full text of the finding and other materials pertaining to the complaint are available for viewing and photocopying in the office of the Ethical Practices Board.

**Minnesota State
Agricultural Society**
**State Fair Period Board Meetings —
Minnesota State Fair Board of
Managers**

First scheduled meeting of the board of managers of the Minnesota State Agricultural Society, governing body for the State Fair, during the 1978 fair will be Friday, Aug. 25 at 9 a.m. in the Administration Building on the fairgrounds, Falcon Heights.

Subsequent meetings will be at the call of the society's president. Persons interested in receiving notice of such meetings should contact the Minnesota State Fair's publicity superintendent.

Errata

1. At 3 S.R. 121: Adopted Temporary Rule SecStat 4001 Governing Content of Voter's Certificate on Back of Absentee Ballot Return Envelope contained several typographical errors and is therefore reprinted in this issue of the *State Register* (3 S.R. 200).

2. At 3 S.R. 83: Change the citation in Ins 182 to read, "Minn. Stat. § 65B.43, subd. 9 (~~1974~~)."

3. At 3 S.R. 83: Ins 182 E. should read, "Where a claim under these rules is also under the compulsory jurisdiction ~~of~~ of other industry agreements sponsored by the Committee on Insurance Arbitration, the jurisdiction of these rules is primary."

4. At 3 S.R. 83: In the first sentence of Ins 182 L., the clause "Where reparation obligors are also signatory to other industry arbitration programs sponsored by the Committee on Insurance Arbitration and the claim or companion claims ~~are~~ is within the compulsory jurisdiction of these other agreements" should be followed by a comma.

5. At 3 S.R. 84: Insert a comma after "clerical" at Ins 188 B.2.c.

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